



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF NUTRITIONAL HEALTH AND SERVICES

Nutrition Questionnaire for Elementary and Middle Schools (Grades K-8)

**“During the past 4 weeks, how often did you eat
a serving of each of the foods listed here?”**

Example: Mark only one X for each food

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk				X					
Hot chocolate	X								

ID #

Sex (circle one) M F

Race (circle one):

1. White
2. Black/African American
3. Native Hawaiian/Pacific Islander
4. Asian
5. American Indian/Alaskan
6. Other _____

Hispanic (circle one): Yes No

Grade _____

DOB: ____/____/19____

Date height/weight

measured ____/____/____

Weight (pounds)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height (inches)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk									
Hot chocolate									
Cheese, plain or in sandwiches									
Yogurt									
Ice cream (cones, sandwiches, sundaes)									
Pudding									
Milk Shake									
	0	1	2	3	4	5	6	7	8

What kind of milk do you usually drink? (Check one)

- ☐ whole ☐ 1% ☐ chocolate milk
☐ 2% ☐ skim ☐ other _____

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Orange juice or grapefruit juice									
Other juice									
Fruit drinks (Hi-C, Kool-aid, lemonade, sportsdrink)									
Orange or grapefruit									
Banana									
Apple or applesauce									
Grapes									
Peaches, pears, or apricots									
Strawberries									
Melon									
Fruit cocktail, mixed fruit									
Pineapple									
Raisins or prunes									
Fun fruit or fruit rollups									
	0	1	2	3	4	5	6	7	8

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Mark only one X for each food

How often did you eat a serving of these foods during the past 4 weeks?

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Corn									
Peas									
Tomatoes, tomato sauce, salsa									
Peppers (green, red or hot)									
Carrots									
Broccoli									
Green beans									
Spinach									
Greens (mustard, turnip, kale)									
Mixed vegetables									
Squash, orange or winter									
Zucchini, yellow squash									
French fries, fried potatoes, tater tots									
Potatoes (baked, boiled, or mashed)									
Sweet potatoes or yams									
Cabbage, coleslaw or cauliflower									
Okra									
Lettuce salad									
Salad dressing or mayonnaise									
	0	1	2	3	4	5	6	7	8

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Chips (potato, corn or others)									
Popcorn or pretzels									
Crackers									
Nuts									
Cookies or brownies									
Cake or cupcake									
Pie									
Jello									
Chocolate or candy bar									
Other candy (not chocolate)									
Coffee or tea									
Soda, soft drink, pop (not sugar free)									
Soda, soft drink, pop (sugar free)									
Beer, wine, wine cooler, mixed drink, or liquor									
	0	1	2	3	4	5	6	7	8

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	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Beans (baked, chili, or other)									
Rice									
Spaghetti or other pasta									
Pizza									
Tacos, burritos									
Macaroni and cheese									
Hot dogs									
Hamburger (prepared any way)									
Canned tuna									
Fried fish, fish sticks									
Other fish									
Cold cuts (baloney, ham, salami)									
Fried chicken, chicken nuggets									
Other chicken or turkey									
Pork chops, pork steak, roast, or ribs									
Steak or roast (beef, deer)									
Liver, organ meats									
Peanut Butter									
Ham, baked or steak									
Bread (slice), toast, roll or pita									
Butter (not margarine)									
Margarine									

0 1 2 3 4 5 6 7 8

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Vegetable soup									
Other soup									
Cornbread or tortilla									
Eggs									
Bacon									
Hot cereal, grits									
Cold cereal									
Donut									
Sweet roll, muffin, or pop tart									
Pancake, waffle, or french toast									
English muffin or bagel									
Biscuit									

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0 1 2 3 4 5 6 7 8

Physical Activity Questions for Elementary School Students (Grades K, 1, 2, 3, 4, and 5)

Choose only one answer for each question.

1. On an average school day, how many hours do you watch television?

☐ ₀ I do not watch TV on an average school day ☐ ₁ less than 1 hour per day ☐ ₂ 1 hour per day
☐ ₃ 2 hours per day ☐ ₄ 3 hours per day ☐ ₅ 4 hours per day ☐ ₆ 5 or more hours per day

Physical Activity Questions for Middle School Students (Grades 6, 7, and 8)

The following questions are about physical activity. Choose only one answer for each question.

1. On how many of the past seven days, did you exercise or play sports such as basketball, soccer, running, swimming laps, tennis, or fast bicycling?

☐ ₀ 0 days ☐ ₁ 1 day ☐ ₂ 2 days ☐ ₃ 3 days ☐ ₄ 4 days ☐ ₅ 5 days ☐ ₆ 6 days ☐ ₇ 7 days

2. How many days per week do you usually go to physical education (PE) or gym class?

☐ ₀ 0 days ☐ ₁ 1 day ☐ ₂ 2 days ☐ ₃ 3 days ☐ ₄ 4 days ☐ ₅ 5 days ☐ ₆ 6 days ☐ ₇ 7 days

3. Do you play on any sports teams run by your school or by other organizations outside your school?

☐ ₁ Yes ☐ ₀ No

4. Do you do any other organized physical activity besides sports teams, such as dance, gymnastics, or swimming?

☐ ₁ Yes ☐ ₀ No

5. On an average school day, how many hours do you watch television?

☐ ₀ I do not watch TV on an average school day ☐ ₁ less than 1 hour per day ☐ ₂ 1 hour per day
☐ ₃ 2 hours per day ☐ ₄ 3 hours per day ☐ ₅ 4 hours per day ☐ ₆ 5 or more hours per day